

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM FTO-570)**

SERIAL NO. **071 583 201**
APPLICANT

FILING DATE **11-28-09**

CLAIMS

	AS FILED		AFTER 1st ADJUSTMENT		AFTER 2nd ADJUSTMENT								
	NO.	DEF.	NO.	DEF.	NO.	DEF.		NO.	DEF.	NO.	DEF.	NO.	DEF.
1							61						
2							62						
3							63						
4							64						
5							65						
6							66						
7							67						
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33							93						
34							94						
35							95						
36							96						
37							97						
38							98						
39							99						
40							100						
41							TOTAL NO.						
42							TOTAL DEF.						
43							TOTAL						
44													
45													
46													
47													
48													
49													
50													
TOTAL NO.	4												
TOTAL DEF.	19												
TOTAL	23												

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